


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) A32212-PCT-USA	
	In re Application of <u>Petersen et al.</u>		
	Application Number <u>09/914,175</u>		Filed <u>08/24/2001</u>
	For <u>BONE MARROW TRANSPLANTATION</u> * see attached		
	Group Art Unit <u>tba</u>		Examiner <u>tba</u>
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</p> <p><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</p> <p><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</p> <p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</p> <p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</p> </div> <div style="width: 35%; text-align: right;"> <p>\$ <u>110</u></p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> </div> </div> <div style="margin-top: 10px;"> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>55</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-4377</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> </div>			
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>			
<p><u>February 20, 2002</u></p> <p style="text-align: center;">Date</p>		<p style="text-align: center;"><u>Carmella L. Stephens</u></p> <p style="text-align: center;">Signature</p>	
<p><u>41,328</u></p> <p style="text-align: center;">Typed or printed name</p>		<p style="text-align: center;"><u>Carmella L. Stephens</u></p> <p style="text-align: center;">Typed or printed name</p>	
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			
<p><input type="checkbox"/> Total of _____ forms are submitted.</p>			

Title: BONE MARROW TRANSPLANTATION FOR HEPATIC REGENERATION AND REPAIR

Use Space Below for Additional Information: